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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : SEAN R. HEISE Group No. 3673

5 SERIAL NO. : 10/029,763

FILED : October 29, 2001

TITLE : AN ULTRASONIC REVASCULIZER

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REQUEST FOR CORRECTION TO FILING RECEIPT

10 Commissioner of Patents and Trademarks  
Office of Initial Patent Examination's Customer Service Center  
Washington, D.C. 20231

Dear Sir:

This is to advise that the filing receipt dated February 7, 2002, for the above identified application contains an error. Mr. Heise's city of residence is "St. Petersburg, FL" rather than "Petersburg, FL."

The attorney listed below would appreciate receiving a corrected filing receipt.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dennis L. Thomte".

20 DENNIS L. THOMTE  
Registration No. 22,497  
THOMTE, MAZOUR & NIEBERGALL  
Attorneys of Record



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2120 S. 72nd Street, Suite 1111  
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CERTIFICATE OF MAILING

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I hereby certify that the original of this Request for Correction to Filing Receipt for Serial No. 10/029,763 was mailed by first class mail, postage prepaid, to the Commissioner of Patents and Trademarks, Attn: Office of Initial Patent Examination's Customer Service Center, Washington, D.C. 20231, on this 8<sup>th</sup> day of March, 2002.

Dennis L. Thom

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/029,763	10/29/2001	3763	370		3	5	1

**CONFIRMATION NO. 4720**

22885  
MCKEE, VOORHEES & SEASE, P.L.C.  
801 GRAND AVENUE  
SUITE 3200  
DES MOINES, IA 50309-2721

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**FILING RECEIPT**



\*OC000000007443716\*

Date Mailed: 02/07/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Sean R. Heise, Petersburg, FL;

**Domestic Priority data as claimed by applicant**

**Foreign Applications**

If Required, Foreign Filing License Granted 02/07/2002

Projected Publication Date: 05/01/2003

Non-Publication Request: No

Early Publication Request: No

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**Title**

Ultrasonic revasculizer

**Preliminary Class**

604

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**THOMTE, MAZOUR & NIEBERGALL, L.L.C.**

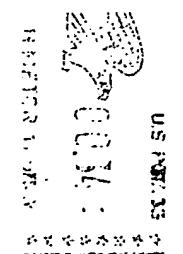
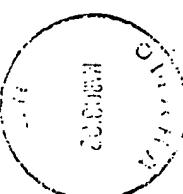
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Bib Data Sheet

CONFIRMATION NO. 4720

SERIAL NUMBER 10/029,763	FILING DATE 10/29/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO.	
<b>APPLICANTS</b> Sean R. Heise, St Petersburg, FL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b>					
** 02/07/2002					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FL	SHEETS 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> 22885					
<b>TITLE</b> Ultrasonic revasculizer					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			